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The Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF) grant program was established by the Patient Protection and Affordable Care Act (ACA; P.L. 111-148, as amended), which provided \$25 million in annual mandatory funding for each of FY2010 through FY2019. (No new grants were issued after FY2019, effectively terminating the program; the ACA provisions that apply to the program have not been repealed.) The PAF focused on meeting the educational, social service, and health needs of vulnerable expectant and parenting individuals and their families during pregnancy and the postnatal period. The ACA identified eligible populations as expectant and parenting teens, college students, and women of any age who experience domestic violence, sexual violence, sexual assault, or stalking.

Section 25003 of H.R. 5376, as reported by the House Budget Committee on September 27, 2021, would amend the ACA to reauthorize the PAF program by providing \$25 million in mandatory funding for each of FY2022 through FY2024. (No changes would be made to the program itself.) For a discussion of issues associated with reauthorization that Congress might consider, see CRS Report R45426, *The Pregnancy Assistance Fund: An Overview*.

Background

The research literature indicates that pregnancy has high costs for the individuals eligible for the PAF program. Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not parenting. Nearly one-third of adolescent females who have dropped out of high school and college cite pregnancy or parenthood as a reason. One analysis found that single young women who had children after enrolling in community college were 65% more likely to drop out than their same-age peers who did not have children after enrolling. Studies further indicate that approximately 3% to 9% of women experience domestic violence during pregnancy.

Grant Categories and Requirements

The U.S. Department of Health and Human Services (HHS) administered the PAF program, and funding was awarded competitively to the 50 states, District of Columbia (DC), U.S. territories, and tribal entities (hereinafter, state grantees) that applied successfully. The grantees were to use the funds as follows:

- to provide subgrants to institutions of higher education (IHEs), high schools, or community service providers to enable these subgrantees to establish, operate, or maintain pregnancy or parenting services for the expectant and parenting population;
- to provide, in partnership with states' attorneys general offices, certain legal and supportive services for women

who experience domestic violence, sexual violence, sexual assault, or stalking while they are pregnant or parenting an infant; and

- to support, either directly or through a subgrantee, public awareness about PAF services for the expectant and parenting population that is eligible for the program.

The PAF authorizing law required each subgrantee to provide an annual report to the state grantee that itemized program expenditures; reviewed and evaluated its performance; and described its achievements in meeting the needs of participants, including the frequency with which they used services. It also required that grantees prepare an annual report to HHS on this subgrantee information, the number of subgrantees that were awarded funds, and the number of individuals who were served with funds.

IHEs, High Schools, and Community Service Providers

PAF grantees could provide subgrants to high schools (schools that serve grades 7-12), community service organizations (organizations that provide social services directly or by government contract), and IHEs (vocational schools, community colleges, universities, etc.). IHEs were required to provide a 25% match of their awards with funds or non-monetary support such as services and facilities.

The law specified that subgrantees could carry out selected activities on campuses and in communities, such as conducting needs assessments to examine pregnancy and parenting resources on campuses and within communities, as well as setting goals for improving such resources and access to them. Other activities could include annually assessing the performance of subgrantees in meeting the needs of participants with regard to child care, flexible or alternative academic scheduling, parenting education, basic provisions, and including maternity coverage and availability of riders for additional family members in student health coverage.

Offices of State Attorneys General

State grantees were required to partner with their state's office of the attorney general to provide specified activities—intervention services, accompaniment services, and supportive social services—targeted to individuals of any age who were pregnant or had been pregnant in the past year and were victims of domestic violence, sexual violence, sexual assault, or stalking. “Intervention services” meant 24-hour telephone hotline services for police protection and referral to shelters. “Accompaniment services” meant assisting, representing, and accompanying a woman in seeking judicial relief for restraining orders and help with filing criminal charges, among other activities. “Supportive social services” meant transitional and permanent housing, vocational counseling, and individual

and group counseling aimed at preventing domestic violence, sexual violence, sexual assault, or stalking.

These partnership grants also focused on providing training and technical assistance (related to domestic violence, sexual violence, sexual assault, or stalking against pregnant women or women pregnant within the past year) to specified entities, such as government agencies, professionals working in social service settings, and nonprofit organizations.

Public Awareness Activities

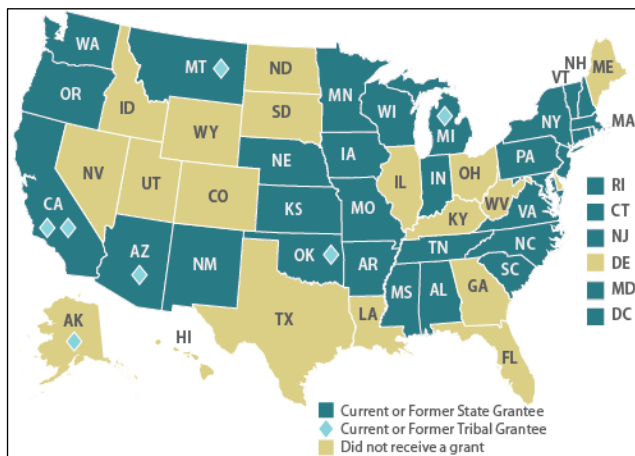
State grantees and/or their subgrantees could fund public awareness activities for individuals who were eligible for the PAF program. Such activities could include print materials, in-person events, social media campaigns, public services announcements, and websites. State grantees were responsible for setting guidelines or limits on how much funding was to be used for public awareness activities. HHS specified in guidance that grantees could not use PAF funding exclusively for public awareness activities.

Grantees

From FY2010-FY2019, HHS provided funding to grantees in 31 states, DC, and seven tribal entities (see **Figure 1**). In general, these grantees provided PAF subgrants to high schools, community service organizations, and IHEs.

Figure 1. Jurisdictions with PAF Grants

Grantees in each of the below states received funds in at least one year over the period from FY2010 through FY2019.



Source: Prepared by CRS, based on <https://opa.hhs.gov/grant-programs/pregnancy-assistance-fund-paf/paf-funded-grantees-fy-2010-2019>.

Participants

HHS collected and reported data on expectant and parenting individuals and their children who received PAF services. Overall, the PAF program has served approximately 110,000 expectant and parenting teens, adults, and their families. During the 2017-2018 reporting period, 19 grantees (18 state grantees and 1 tribal entity) served 14,800 individuals. Of these participants, 51% were expectant or parenting individuals, 38% were dependent children, and 11% were extended family members.

HHS provided participant age and race data for expectant and parenting individuals, but not their children. Of the

7,564 expectant or parenting participants, more than half (54%) were ages 16 to 19, and approximately 6% were age 15 or younger. Data on race were available for about 60% of participants, of whom 44% were African American or Black, 38% were White, and the rest were another race or multiracial. Ethnicity was reported for 80% of participants; of those, 42% identified as Hispanic/Latino.

Services Provided to Participants

Grantees provided two categories of core services to meet the needs of participants within each of the program's purpose areas: services for expectant or parenting individuals, and services for dependent children. In FY2018, the most common categories of services provided were parenting supports and concrete supports, and health care services. The types of parenting supports PAF expectant and parenting individuals most frequently received were parenting education and resources (28% of participants receiving parenting supports); healthy relationship education, skill building, and resources (24%); and stress management support (22%). Of the concrete supports, expectant and parenting individuals most frequently received food (16% of those who received concrete supports), transportation (14%), child needs (13%), and means-tested benefits eligibility screening or application assistance (13%). Of the health care services, individuals most frequently received health insurance supports (17% of those who received health care services supports), reproductive health care (16%), and primary health care (14%). The services most frequently received by dependent children were nutritional counseling and services (23% of those who received dependent services); health insurance supports (22%); child care resources, referrals, and placement (18%); and well-child/primary care visits (18%). Some services were more likely to be provided directly by grantees or subgrantees (e.g., case management and home visiting services), while other services were more likely to be referred to external organizations (e.g., health care, child care, and food and clothing).

Evaluation

An HHS study by Mathematica Policy Research, a social policy research organization, evaluated the effectiveness of the program in shaping youth outcomes. The evaluation measured selected outcomes of PAF participants in three jurisdictions: Washington, DC, California, and Houston, TX. Findings are available for the program in one of the jurisdictions (DC), where PAF-funded services were provided in nine high schools through a voluntary program known as New Heights. Researchers found that teen mothers improved in school engagement and credits earned per year compared to teen mothers who attended the high schools immediately before the program was introduced. Case coordinators from the program were embedded at the schools to provide case management, weekly educational workshops, and in-kind incentives.

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